

NEVADA DISCLOSURE OF REPRESENTATION OR COUNSELING OF A PRIVATE PERSON BEFORE A STATE AGENCY OF THE EXECUTIVE BRANCH

PERSONAL INFORMATION:

NAME: <small>(Last, First)</small>		TITLE OF PUBLIC OFFICE: <small>(Position: e.g. city manager)</small>	
ADDRESS: <small>(Street number and name)</small>		CITY, STATE, ZIP CODE	
TELEPHONE:	Work:	Other: <small>(Home, cell)</small>	E-MAIL:

I HEREBY DISCLOSE that during calendar year _____ I represented or counseled a private person for compensation before a state agency of the executive branch and hereby make a disclosure of such representation, pursuant to NRS 281A.410.5.

NAME OF CLIENT:	
NATURE OF REPRESENTATION:	
NAME OF STATE AGENCY:	

NAME OF CLIENT:	
NATURE OF REPRESENTATION:	
NAME OF STATE AGENCY:	

If additional pages are needed, please use additional pages form, attach and indicate the number of attached pages: _____

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: _____ Signature: _____

FILE COMPLETED FORM WITH:

Nevada Commission on Ethics
704 W. Nye Lane, Suite 204
Carson City, Nevada 89703
(775) 687-5469 office
(775) 687-1279 fax

Print Name: _____